2006 FOR PROFIT CORPORATION

FILED Apr 06, 2006 08:00 AM

ANNUAL REPORT				Secretary of State	
DOCUMENT # J53876					
1. Entity Name SYNDICATED PROGRAMMING, INC.					
225 E.BN	INGSTHET	Maiting Address 225 E. J. W.N. J. G. STIFFE, TALLA POSTE, R. 32301	us		
Ε	OO NOT WRITE I	N THIS SPA	CE	04052006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable Not Applicable	
				5. Certificate of Status Desired See Required	
6. Name and Address of Current Registered Agent STAHL, THOMAS W. 817 NORTH GADSDEN STREET TALLAHASSEE, FL 32303-6313			DO NOT WRITE IN THIS SPACE		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
	Signature, typed or printed name of registered agent and title	i epplicable, (NOTE: Registere	d Agent eignature required	when reinstating) OATE	
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **Selection Campaign Final Trust Fund Contribution.** Trust Fund Contribution.**			00 May Ba ad to Fees		
10.	OFFICERS AND DIRE	CTORS	_		
TITLE NAME STREET ADDRESS CITY-ST-ZRP TITLE NAME STREET ADDRESS	DPS WILSON, ROOSEVELT 5020 VALLEY FARM ROAD TALLAHASSEE, FL CVPT WILSON, CATHER C 5020 VALLEY FARM ROAD			U00000434534 04/20/06-80052-006 150	
CITY-ST-ZIP TITLE MAME STREET ADDRESS	TALLAHASSEE, FL			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SY-EP				IN THIS SPACE	
TITLE NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the properties or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an after fight with an address, with all other like empowered.

CXTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-217

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